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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)					
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	103080-P04-026					
	Filed March 1, 2004					
Application Number 10/790,640	<u> </u>					
For TELOMERE RESTORATION AND EXTENSION OF CELL LIFE-SPAN IN ANIMALS CLONED FROM SENESCENT SOMATIC CELLS						
Art Unit 1632	Examiner Valarie E. Bertoglio					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
<u>Fee</u>	Small Entity Fee					
x One month (37 CFR 1.17(a)(1)) \$120	\$60 \$ 120.00					
Two months (37 CFR 1.17(a)(2)) \$460	\$230					
Three months (37 CFR 1.17(a)(3)) \$1050	\$525 \$					
Four months (37 CFR 1.17(a)(4)) \$1640	\$820 \$					
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115 \$					
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
x The Director has already been authorized to charge fees in this application to a Deposit Account.						
X The Director is hereby authorized to charge any fees which ma						
	closed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form.						
Provide credit card information and authorization on PTO-2038.						
application /						
/assignee of record of the entire interest. See 37 CFR 3.71. /// Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
aftorney or agent of record. Registration Number	36,709					
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
	July 28, 2008					
Signature	Date					
Natthew P. Vincent, J.D., Ph.D.	(617) 951-7739					
Typed or printed name	Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
X Total of 1 forms are submitted.						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature:

07/31/2008 CCHRU1 00000025 181945 10790640 120.00 DA

PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/790,640		
				March 1, 2004			
FEE TRANSMITTAL		·		Michael D. West			
<u>For</u>	<u>FY 2008</u>	3		Examiner Name	<u> </u>	Valarie E. Bert	oglio
Applicant claims sma	Il entity status S	lee 37 CFR 1 2	7	4020			
	 			Artoni		103080-P04-026	
TOTAL AMOUNT OF PAYME	ENI	(\$) 120.00		Attomey Docket No. 103080-P04-026			
METHOD OF PAYMEN	T (check all the	at apply)					
Check Credit	Card M	oney Order	No	ne Other (please iden		
X Deposit Account Dep	osit Account Numb	er: 18-	1945	Deposit	Account Na	me:Ropes	& Gray LLP
For the above-iden	ntified deposit a	ccount, the D	irector is	hereby authorize	ed to: (ch	eck all that apply)	
x Charge fee(s) indicated bel	ow		Charge	e fee(s) i	ndicated below, ex	cept for the filing fee
	additional fee(s 37 CFR 1.16 a		ments o	f x Credit	any over	payments	
FEE CALCULATION							
1. BASIC FILING, SEARC	H, AND EXAM	INATION FE	ES				
		FEES	SE	ARCH FEES	EXAM	INATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (include							50 25
Each independent claim or		g Reissues)					210 105
Multiple dependent claims	3						370 185
Total Claims Extra		ee (\$)	Fee	Paid (\$)		Multiple Depende	
HP = highest number of total cla	aims paid for if or	eater than 20				Fee (\$)	Fee Paid (\$)
	•	ee (\$)	Fee I	Paid (\$)			
- =	x	=					
HP = highest number of indepe	ndent claims paid	for, if greater tha	ın 3.				
3. APPLICATION SIZE FE	Ε	1					
listings under 37 CFR	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.¢. #1(a)(1)(G) and 37 CFR 1.16(s).						
1		/ 1			rtion the-	eof <u>Fee (\$)</u>	Fee Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surchange): 2251 Extension for response within first month 120.00							
SUBMITTED BY 1177	SUBMITTED BY // SUBMITTED BY						
Signature Registration No. (Attorney/Agent) 36,709 Telephone (617) 951-7739							
Name (Print/Type) Matthew P. Vincent, J.D., Ph.D. Date July 28, 2008							
I hereby certify that this pape the date shown below with s	ufficient postage	paper referred as First Class N	l to as bei Mail, in an	ng attached or enclo envelope addresse	sed) is be d to: MS	eing deposited with the Amendment, Commi	ne U.S. Postal Service on ssioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450. Dated: July 25, 2008 Signature: Elevine Leaker (Elevine Leaky)							

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE stion Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/790,640 Application Number Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). March 1, 2004 FEE TRANSMITTAL Filing Date First Named Inventor Michael D. West For FY 2008 Valarie E. Bertoglio **Examiner Name** 1632 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 103080-P04-026 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): Credit Card None Check Ropes & Gray LLP 18-1945 X Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x | Charge fee(s) indicated below Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES SEARCH FEES FILING FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 210 105 510 255 310 155 Utility 130 65 105 100 50 210 Design 105 310 155 160 80 Plant 210 620 310 155 510 255 310 Reissue 0 105 210 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims

sheets or fraction thereof. See 35 U.S.C. #1(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

-100 | Extra Sheets

-100 | Isometric | Isometri

SUBMITTED BY
Signature
Registration No. (Attorney/Agent) 36,709 Telephone (617) 951-7739
Name (Print/Type) Matthew P. Vincent, J.D., Ph.D.
Date July 28, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July	24,2008	Signature:	Elvine	Leane	Elwine	Lec
Saled.				8		

PARTY TRADEMAR

\	Typed or	printed name	l elephone Number			
	he inventors or as		presentative(s) are required. Submit multiple forms if more			
X Total of	1	forms are submitted.				
I hereby contify that this pa	oor (along with a	ov paper referred to as being attached or end	closed) is being deposited with the U.S. Postal Service on			
the date shown below with Box 1450, Alexandria, VA	sufficient postage 22313-1450.	e as First Class Mail, in an envelope address	ged to: MS Amendment, Commissioner for Paterts, F.O.			
Dated: JVIL 28	., 20U g	Signature: Slaine J	eaty (Elaine Louby)			
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